# 1. NHS Sheffield CCG Emergency Preparedness, Resilience and Response (EPRR) Assurance 2019-20

# 2. Preparedness for EU Exit on 31 October 2019

**Governing Body meeting**

E

**4 September 2019**

| Author(s) | Sue Laing, Corporate Services Risk and Governance Manager |
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| **Sponsor Director** | Brian Hughes, Director of Commissioning and Performance |
| **Purpose of Paper** | |

To note the attached EPRR Self-assessment and Deep Dive and approve the proposed Statement of Compliance with national EPRR Standards.

To note the work underway within the CCG with regard to preparedness for EU Exit (Brexit) and the national requirements before the current planned departure on 31 October

| **Key Issues** |
|---|

The proposed level of compliance for 201/20 is 'Substantial'.

For those areas we have identified as partially compliant, an action plan has been developed in order to close the gaps in assurance and these will be taken forward during 2019/20.

As this will be the last Governing Body meeting before the UK begins its preparations for leaving the EU on 31 October 2019, this report provides assurance that the CCG is now preparing to commence local preparations as required by NHS England / Information. These arrangements include planning, systems and contingency arrangements for key areas such as operational readiness ,communication continuity of supply, data, finance and health demand.

| **Is your report for Approval / Consideration / Noting** |
|---|

**Noting and Approval**

| **Recommendations / Action Required by Governing Body** |
|---|

The Governing Body is asked to:
- Note the self-assessment, detailed on the attached spreadsheet
- Approve the proposed statement of compliance -  attached
- Note the arrangements in place within the CCG with regard to the UK's preparation for leaving the EU on 31 October 2019

**What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?**

**Which of the CCG's Objectives does this paper support?**
5. Organisational development to ensure the CCG meets organisational health and capability requirements

**Description of Assurances for Governing Body**
- Provides assurance that the CCG is compliant with national and statutory requirements.
- Preparations are underway with regard to the UK's departure from the EU on 31 October 2019

***Principal Risk 5.4***
*Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage particularly at a period of change.*

**Are there any Resource Implications (including Financial, Staffing etc)?**

None

**Have you carried out an Equality Impact Assessment and is it attached?**

***Please attach if completed. Please explain if not, why not***
No specific issues associated with this report

***Have you involved patients, carers and the public in the preparation of the report?***

Not applicable

## 1. NHS Sheffield CCG Emergency Preparedness, Resilience and Response (EPRR) Assurance 2019-20

## 2. Preparedness for EU Exit on 31 October 2019

### Governing Body meeting

### 5 September 2019

### 1 Introduction / Background

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England and NHS Improvement asks commissioners and providers of NHS funded care to complete an EPRR assurance process. This process incorporates for stages:

i)      Organisational self-assessment against NHS Core Standards for EPRR

ii)     Local Health Resilience Partnership (LHRP) confirm and challenge

iii)    NHS England and NHS Improvement regional EPRR confirm and challenge

iv)    NHS England and NHS Improvement national EPRR confirm and challenge

The Civil Contingencies Act 2004, the NHS Act 2006 as amended by the Health and Social Care Act 2012, underpin EPRR within health and both Acts place EPRR duties on NHS England and the NHS in England.

Additionally, the NHS Standard Contract Service Conditions require providers of NHS funded services to comply with NHSE EPRR guidance, The NHS Core Standards for EPRR are the minimum requirements commissioners and providers must meet and must therefore assure themselves against.

### 2 Purpose

The purpose of the Core Standards for EPRR are to:

•      Enable health agencies across the country to share a common approach to EPRR

•      Allow coordination of EPRR activities according to the organisation's size and scope

•      Provide a consistent and cohesive framework for EPRR activities

•      Inform the organisation's annual EPRR work programme

# 3    Core Standards for EPRR Domains

The NHS England Core Standards for EPRR are split into 10 domains and remain unchanged from 2018/19

i)      Governance

ii)     Duty to risk assess

iii)    Duty to maintain plans

iv)     Command and Control

v)      Training and Exercise

vi)     Response

vii)    Warning and informing

viii)   Cooperation

ix)     Business Continuity

The applicability of each domain and core standard is dependent on the organisation's function and statutory requirements.

# 4    Deep dive

The 2019/20 EPRR annual assurance deep dive focusses on 'Severe Weather and climate adaptation'. The self-assessment of these deep dive statements does not contribute to the CCG's overall EPRR assurance rating, and will be reported separately.

# 5    Process

In summary the CCG is asked to

- Undertake a self-assessment against the relevant individual NHS EPRR Core Standards; these individual ratings will then inform the overall organisational rating of compliance and preparedness

- Present the above outcomes to Governing Body

- Submit the Governing Body paper to the Local Health Resilience Partnership (LHRP) secretariat (by email england.yorkshire-eprr@nhs.net) by Thursday 31 October 2019

# 6    Timetable

31 October 2019      Assurance returns to be made to Regional EPRR teams

31 December 2019     Regions to have completed confirm and challenge meetings, and submitted their Regional EPRR assurance report using the Regional Return template

31 December 2019     organisations to have shared their Governing Body report with Regional EPRR

28 February 2020     National EPRR team to have completed confirm and challenge meetings with Regional teams.

## 7     Compliance

Following a complete review of the standards the CCG has identified compliance with 40 of the 43 identified standards, and partially compliant with the remaining 3 standards.  An action plan has been developed in order to progress these gaps in assurance.  The CCG is therefore providing a response of **Substantially Compliant**.

## 8     Preparedness for EU Exit (Brexit) on 31 October 2019

During the build up to the UK leaving the EU, the CCG continues to work seamlessly alongside our system partners both locally and within the wider health economy through attendance at core local (South Yorkshire) LHRP meetings, national meetings with Professor Keith Willets and attendance at daily and weekly teleconference calls.    We also have strong links with partner agencies, including the local authority, CCG and provider colleagues to collaboratively manage and address issues as and when they may arise.

A number of actions have been identified at national level for CCGs and Trusts as the UK now prepares for leaving the EU on 31 October 2019.  NHS England is also running  a series of regional EU Exit workshops which will provide further information on the key activities which need to be progressed locally and these are due to take place during September  at which NHS Sheffield CCG will be represented.

We have already reinstated our planning arrangements in preparation of the  assurance processes which will commence early September covering previous exercises, including the step up of the City wide system Gold Command structure,  testing our plans, systems and contingency arrangements for key areas such as operational readiness, ensuring our communication strategy is robust, continuity of supplies, workforce etc.  Regular i.e. daily and weekly situation reporting will commence from 21 October, although it is expected that testing is likely to take place prior to this.

## 9     Recommendations

The Governing Body is asked to:

- Note the self-assessment, detailed on the attached spreadsheet

- Approve the proposed statement of compliance -  attached

- Note the measures being put into place within the CCG with regard to the UK's preparation for leaving the EU on 31 October 2019 and the requirements of all commissioners / providers by NHS England / Information.

Paper prepared by Sue Laing, Corporate Services Risk and Governance Manager
on behalf of Brian Hughes, Director of Commissioning and Performance

August 2019

Please select type of organisation: **Clinical Commissioning Group**

| Core Standards | Total standards applicable | Fully compliant | Partially compliant | Non compliant |
|---|---|---|---|---|
| Governance | 6 | 6 | 0 | 0 |
| Duty to risk assess | 2 | 2 | 0 | 0 |
| Duty to maintain plans | 9 | 9 | 0 | 0 |
| Command and control | 2 | 2 | 0 | 0 |
| Training and exercising | 3 | 2 | 1 | 0 |
| Response | 5 | 4 | 1 | 0 |
| Warning and informing | 3 | 2 | 1 | 0 |
| Cooperation | 4 | 4 | 0 | 0 |
| Business Continuity | 9 | 9 | 0 | 0 |
| CBRN | 0 | 0 | 0 | 0 |
| Total | 43 | 40 | 3 | 0 |

| | | |
|---|---|---|
| **Overall assessment:** | Substantially compliant | |

Instructions:
Step 1: Select the type of organisation from the drop-down at the top of this page
Step 2: Complete the Self-Assessment RAG in the 'EPRR Core Standards' tab
Step 3: Complete the Self-Assessment RAG in the 'Deep dive' tab
Step 4: Ambulance providers only: Complete the Self-Assessment in the 'Interoperable capabilities' tab
Step 5: Click the 'Produce Action Plan' button below

| Deep Dive | Total standards applicable | Fully compliant | Partially compliant | Non compliant |
|---|---|---|---|---|
| Severe Weather response | 14 | 14 | 1 | 0 |
| Long Term adaptation planning | 5 | 4 | 1 | 0 |
| Total | 19 | 17 | 2 | 0 |

Self assessment RAG

Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.

Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.

Green (fully compliant) = Fully compliant with core standard.

| Ref | Domain | Standard | Detail | Clinical Commissioning Group | Evidence - examples listed below | Organisational Evidence | Self assessment RAG | Action to be taken | Lead | Timescale | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Governance | Senior Leadership | The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio.<br><br>A non-executive board member, or suitable alternative, should be identified to support them in this role. | Y | • Name and role of appointed individual | The Director of Commissioning and Performance is the CCG's Accountable Emergency Officer (AEO) and is supported in his role by an Emergency Planning Officer and the Corporate Services Risk and Governance Manager.  He receives overarching assurance on our EPRR work programme and signs our annual EPRR Statement of Assurance following presentation to Governing Body for approval.<br><br>The CCG has identifed a Lay Member who sits on the Audit and Integrated Governance Committee and oversees EPRR as part of her broad governance role. | Fully compliant | | | | |
| 2 | Governance | EPRR Policy Statement | The organisation has an overarching EPRR policy statement.<br><br>This should take into account the organisation's:<br>• Business objectives and processes<br>• Key suppliers and contractual arrangements<br>• Risk assessment(s)<br>• Functions and / or organisation, structural and staff changes.<br><br>The policy should:<br>• Have a review schedule and version control<br>• Use unambiguous terminology<br>• Identify those responsible for ensuring policies and arrangements are updated, distributed and regularly tested<br>• Include references to other sources of information and supporting documentation. | Y | Evidence of an up to date EPRR policy statement that includes:<br>• Resourcing commitment<br>• Access to funds<br>• Commitment to Emergency Planning, Business Continuity, Training, Exercising etc. | The CCG has several policies in place to support the EPRR Policy Statement and its commitment.  These are up to date and available on our public website at:<br><br>https://www.intranet.sheffieldccg.nhs.uk/policies.htm<br><br>These policies consist of a Business Continuity Policy and Plan and an Emergency Preparedenss, Resilience and Response Policy.  the policies are completended by our Health and Safety and Incidnet Reporting Policies, and underpinned by our Risk Management Strategy.<br><br>The CCG has local agreeements in place with partners and providers which is overseen by Sheffield Health Emergency Planning Forum.  References to treatment plans, exercises and funding are overseen by this group.<br><br>The CCG has a wider on-call team covering South Yorkshire and Bassetlaw CCG's as part of the Health, Safety and Security Shared Service.  EPRR advice is also available as part of this service and the Responsible Officer is qualified in EPRR management, the service is underpinned by a Memorandum of Understanding. | Fully compliant | | | | |
| 3 | Governance | EPRR board reports | The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually.<br><br>These reports should be taken to a public board, and as a minimum, include an overview on:<br>• training and exercises undertaken by the organisation<br>• summary of any business continuity, critical incidents and major incidents experienced by the organisation<br>• lessons identified from incidents and exercises<br>• the organisation's compliance position in relation to the latest NHS England EPRR assurance process. | Y | • Public Board meeting minutes<br>• Evidence of presenting the results of the annual EPRR assurance process to the Public Board | Our 2018/19 EPRR Assurance Submission was approved by the Governing Body in September 2018.  The 2019/20 statement will be presented to the Governing Body in September 2019.  An annual update was presented to Governing Body in July 2019.  All Governing Body meeting papers are available on our internet page:<br><br>https://www.sheffieldccg.nhs.uk/about-us/GB-meetings.htm<br><br>In addition to presentation to our Governing Body the Governance Sub-committee (GSc) receives quarterly update reports which ultimately provide assurance to the Audit and Integrated Governance Committee (AIGC). | Fully compliant | | | | |
| 4 | Governance | EPRR work programme | The organisation has an annual EPRR work programme, informed by:<br>• lessons identified from incidents and exercises<br>• identified risks<br>• outcomes of any assurance and audit processes. | Y | • Process explicitly described within the EPRR policy statement<br>• Annual work plan | The CCG working in partnership with the SYB Local Health Resilience Partnership (LHRP), will conjointly develop an ICS level work programme where relevant. The CCG will work with place based system partners through the Sheffield Health Emergency Planning Forum (SHEPF) to develop more locally specific areas for development.  Any learning for CCG's from incidents is considered both at the SHEPF and within the organisation.  We participate in local , regional, and national exercises. The work programme is fluid to meet unexpected emergency situation i.e. Brexit preparations and planning/winter flu etc. From recent internal exercises lessons were learnt from testing our local Business Continuity plans and improvements suggested for directorates | Fully compliant | | | | |
| 5 | Governance | EPRR Resource | The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties. | Y | • EPRR Policy identifies resources required to fulfill EPRR function; policy has been signed off by the organisation's Board<br>• Assessment of role / resources<br>• Role description of EPRR Staff<br>• Organisation structure chart<br>• Internal Governance process chart including EPRR group | The CCG has in place an EPRR Policy together with a local Business Continuity Policy and Plans which clearly define the roles and responsibilities of staff should an incident occur or during an emergency event. | Fully compliant | | | | |
| 6 | Governance | Continuous improvement process | The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements. | Y | • Process explicitly described within the EPRR policy statement | We receive feedback via the LHRP with regard to local incidents so that lessons can be learned and plans reviewed and revised accordingly.<br><br>We participate in local exercises ensuring that any lessons learned are fed back to the organisation.<br><br>Our EPRR policy confirms the processes following an EPRR incident in order to ensure lessons are learned. We take repsonsibility for debriefing and providing support to staff where required via individual line managers which is coordinated via the AEO.  De-briefing may also be on a multi-agency footprint. This is usually through city wide gold command structure. | Fully compliant | | | | |
| 7 | Duty to risk assess | Risk assessment | The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers. | Y | • Evidence that EPRR risks are regularly considered and recorded<br>• Evidence that EPRR risks are represented and recorded on the organisations corporate risk register | Our EPRR risk assessments take account of the community risk register as detailed within the LHRP feedback. We participate in local exercises and wider NHS and local health and social care economy EPRR exercises ensuring any identified risks are brought back within our internal processes.<br><br>Our risk assessment of specific local risks is captured in our EPRR Policy: fuel shortage, flooding, evacuation and shelter, pandemic influenza, heatwave, severe weather.  The policy is reviewed by the author annually to identify any changes required.  Our usual risk management processes allow us to consider if there are any further internal risks that could threaten the performance of the organisation's functions in any emergency. | Fully compliant | | | | |
| 8 | Duty to risk assess | Risk Management | The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks. | Y | • EPRR risks are considered in the organisation's risk management policy<br>• Reference to EPRR risk management in the organisation's EPRR policy document | Our Business Continuity Contingency Plan includes plans and mitigation for the short term (under 72 hours) and the longer term for:<br><br>- Loss of key staff in the short or long term (epidemic / pandemic illness; industrial action; simultaneous resignation of a number of staff (eg lottery syndicate win); school closures; travel/transport disruption preventing staff getting to base or home).<br><br>- Loss of operating premises or access to operating premises (contamination of premises or access to premises;  disruption of utility supply to premises; fire; flooding; structural defect / failure; terrorist or criminal attack; cordon (preventing access to premises)<br><br>- Loss of Information Technology support structure (Major electronic attacks; severe disruption to the IT network and systems including loss of data network; major applications; hardware failure; loss of landline telephones including IPFX; loss of mobile phone network.<br><br>- Data loss affecting CCG service/function delivery (electronic data stolen / lost; destruction of paper files; failure of back up or failsafe; (temporary loss of data).<br><br>- Supplier failure, affecting CCG service/function delivery (supplier/provider contract breach; supplier / provider industrial action; stock management failure; supplier goes into administration / supply chain collapse;  partner CCGs unable to deliver hosted | Fully compliant | | | | |

| # | Domain | Standard | Description | | Evidence/Arrangements | Response | Compliance | | | | |
|---|--------|----------|-------------|---|----------------------|----------|-----------|---|---|---|---|
| 9 | Duty to maintain plans | Collaborative planning | Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered. | Y | Partners consulted with as part of the planning process are demonstrable in planning arrangements | Our EPRR policy confirms the processes following an EPRR incident in order to ensure lessons are learned. The CCG works collaborative with the Sheffield system partners through attendance at SHEF and escalating to a city wide system partenrs gold command when necessarily. We take responsibility for debriefing and providing support to staff where required via individual line managers which is coordinated via the AEO. De-briefing may also be on a system wide and ICS platform. | Fully compliant | | | | |
| 11 | Duty to maintain plans | Critical incident | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as defined within the EPRR Framework). | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | The CCG has in place nominated on-call arrangements through South Yorkshire and Bassetlaw CCGs with identified lead Executive on-call. This will be cascased to the identified SRO for the CCG and their deputies where response requires urgent instigation to the city-wide Gold Command Cente. Our EPRR Policy supports the CCG to respond to each of these areas. - incidents and emergencies (Incident Response Plan) (Major I ncident Plan) - Severe weather (heatwave; flooding; snow and cold weather) - Pandemic Influenza - Infectious Diseases Outbreak (also supportd b the Health Protection Agency (HPA) Agreement) - Evacuation Our Business Continuity Policy and Action Plan underpinned by team specific operation plans covers: - Corporate and service level business continuity - Fuel disruption - Utilities - IT and Telecommunications failures | Fully compliant | | | | |
| 12 | Duty to maintain plans | Major incident | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as defined within the EPRR Framework). | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | Our EPRR Policy supported us to respond to each of these areas. Our EPRR Policy covers: - Incidents and emergencies (Incident Response Plan (IRP) (Major Incident Plan)) - Severe weather (heatwave, flooding, snow and cold weather) - Pandemic Influenza - Infectious Disease Outbreak (also supported by the Health protection Agency (HPA) agreement - Evacuation Our Business Continuity Policy & Plan, underpinned by team specific operational plans covers: - Corporate and service level Business Continuity - Fuel Disruption - Utilities, IT and Telecommunications Failure The above is under pinned by our on-call rota, EPRR Team, Brexit team, City-wide Gold Command structure | Fully compliant | | | | |
| 13 | Duty to maintain plans | Heatwave | In line with current guidance and legislation, the organisation has effective arrangements in place in responding to the impacts of heatwave on the population the organisation serves and its staff. | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | Our overarching Business Continuity Policy and Plan and EPRR policy supports the CCG in responding to cold weather underpinned by our Inclement Weather Policy. Plans were tested with the recent level 3 heatwave and comms sent out to Community Pharmacies/GP practices/Care Homes. Furhter assurances were sought from our Providers to ensure that they were insitigating the level 3 action points required by the National Heatwave policy. The national heatwave policy will be appended to the inclement weather policy and updated. | Fully compliant | | | | |
| 14 | Duty to maintain plans | Cold weather | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves. | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | Arrangements are overseen by our Strategic Emergency Care Delivery Board (UECDB) chaired by the CE of Sheffield Teaching Hospitals NHS FT. The operational impacts of severe weather are discussed and mitigated at the Operational resilience forumm which is a citywide system based group. All organisations are expected to have robust winter planning arrangements in place to ensure smooth running of operational services. The identification of vulnerable groups and people at risk in severe weather forms part of the winter planning process. | Fully compliant | | | | |
| 15 | Duty to maintain plans | Pandemic influenza | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza. | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | The CCG is a member fof the Sheffield Health EmergencyPlanning Forum and also the SYB LHRF. The CCG has aligned its Pandemic Flu plans to the national , regional and local requirements. A recent meeting was held with Sheffield system heath and social care partners to ensure all citywide plans dovetailed with no obvious gaps or overlapping. This work is on-going and currently the plan is being updated. The plan will be signed off in the CCG at the governance sub committee and will be tabled at the UECTDB for oversight. The final approval will also come from the Sheffield Health Emergency Planning Forum. | Fully compliant | | | | |
| 16 | Duty to maintain plans | Infectious disease | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases such as Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3 and PPE trained individuals commensurate with the organisational risk. | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | The overarching responsibility for outbreak management rests with PHE. The CCGs role is one of a supportive function. In the IPC annual spec workplan as agreed with LA PH is the following: Outbreak Management is as follows Routine - Care home outbreaks. These are managed by PHE, for example norovirus, influenza etc. without any input from IPC team. MRSA/C.diff cluster same strain - If cross contamination/poor IPC practice is suspected in care homes. The IPC team and PHE work collaboratively with outbreak meetings, investigation, report writing and a visit to the home concerned to offer support and advice. Swabbing would be undertaken by PHE. Major outbreaks & action to support the spread of communicable disease.To assist the Y&H PHE in the investigation and management of a major outbreak within the CCG area. For example PVL MRSA in a school, diphtheria in a community, or pandemic influenza; where by swabbing and treatment is required. The IPC team would: • Liaise with PHE (who would be leading the outbreak) • Visit the area and undertake swabbing and actively be part of the outbreak team as dictated by PHE • Cease or reduce normal operational activity until the outbreak is declared over | Fully compliant | | | | |
| 18 | Duty to maintain plans | Mass Casualty | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to free up 10% of their bed base in 6 hours and 20% in 12 hours, along with the requirement to double Level 3 ITU capacity for 96 hours (for those with level 3 ITU bed). | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | "Our overarching Business Continuity Policy and Plan and EPRR Policy supports us to respond to this area. Our Urgent and Emergency Care Transformation Delivery Board (A&E Delivery Board) and its subgroup the Operational Resilience Group cover Surge and Escalation Management and have links to appropriate networks (e.g Burns, Trauma and Critical Care). " | Fully compliant | | | | |
| 20 | Duty to maintain plans | Shelter and evacuation | In line with current guidance and legislation, the organisation has effective arrangements in place to shelter and/or evacuate patients, staff and visitors. This should include arrangements to shelter and/or evacuate, whole buildings or sites, working in conjunction with other site users where necessary. | Y | Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required | This is part of the general contract agreement and thererfore all trusts are obliged to ensure that they have safe processess in place for evacuation. The CCG has robust fire and emergency evacuation plans that are regularly tested. Site specific evacuation centre has been identified for the building of the CCG HQ. The fire policy is up to date along with staff training. | Fully compliant | | | | |

| # | Domain | Topic | Standard | Y/N | Evidence criteria | Self assessment | Compliance | Action to be taken | Lead | Timeframe | Notes |
|---|--------|-------|----------|-----|-------------------|-----------------|------------|--------------------|------|-----------|-------|
| 24 | Command and control | On-call mechanism | A resilient and dedicated EPRR on-call mechanism is in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents.<br><br>This should provide the facility to respond to or escalate notifications to an executive level. | Y | • Process explicitly described within the EPRR policy statement<br>• On call Standards and expectations are set out<br>• Include 24 hour arrangements for alerting managers and other key staff. | There is a shared rota across the South Yorkshire & Bassetlaw CCGs which enables providers to contact a representative of their commissioning CCG in an urgent situation outside of normal business hours. The CCGs participating in the shared arrangement have clear authorisation to act on behalf of each other outside of normal business hours. This may include, but is not limited to, making decisions and committing expenditure on behalf of the other CCGs.<br><br>Our EPRR Policy contains activation action cards and incident manager action cards in place in the event of incidents.<br><br>Our Business Continuity Plan contains an activation flowchart.<br><br>Our on-call procedure and supporting on-call pack contains an activation and escalation framework. | Fully compliant | | | | |
| 25 | Command and control | Trained on-call staff | On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer.<br><br>The identified individual:<br>• Should be trained according to the NHS England EPRR competencies (National Occupational Standards)<br>• Can determine whether a critical, major or business continuity incident has occurred<br>• Has a specific process to adopt during the decision making<br>• Is aware who should be consulted and informed during decision making<br>• Should ensure appropriate records are maintained throughout. | Y | • Process explicitly described within the EPRR policy statement | A shared rota across the SYB CCGs enables providers to contact a representative of the CCG in an urgent situation outside of normal business hours. CCGs participating in the arrangement (see below) have clear authorisation to act on behalf of each other outside of normal business hours. This may include, but is not limited to, making decisions and committing expenditure on behalf of the other CCGs.<br><br>CCGs have agreed Surge & Escalation plans with Providers through System Resilience Groups (SRGs). In the event of a local resilience situation, these plans should be enacted and provider-to-provider management of the situation should ensue.<br><br>Unanticipated situations may require additional Provider action beyond the limits of agreed Surge & Escalation Plans and require wider resources than can be accessed by the Provider. If urgent CCG input to a system resilience situation is required (e.g. committing additional expenditure or enacting other contracts) outside of normal business hours, the On Call system should be used.<br><br>CCGs are Category 2 Responders and therefore the role of the CCGs in any emergency situation is likely to be focussed on cooperating with and supporting Category 1 Responders.<br><br>The CCGs would generally expect providers to manage incidents either within the provider organisation (e.g. through BCP or EPRR | Fully compliant | | | | |
| 26 | Training and exercising | EPRR Training | The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this. | Y | • Process explicitly described within the EPRR policy statement<br>• Evidence of a training needs analysis<br>• Training records for all staff on call and those performing a role within the ICC<br>• Training materials<br>• Evidence of personal training and exercising portfolios for key staff | Our EPRR Policy notes that all staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support are asked to speak to their line manager in the first instance. Support may also be obtained through the Learning and Development Team. Training can be accessed via the Local Resilience Forum (LRF).<br><br>The JESIP framework and Decision Making Tool is included within the On Call Packs as an aide memoire.<br><br>Individuals involved in the on-call rota as part of the South Yorkshire and Bassetlaw CCG shared on-call rota have significant experience at executive level which they bring to the on-call role.<br><br>'Strategic Leadership in a Crisis' training was coordinated by Doncaster CCG in July 2016 and accessed by on-call leads on the rota, dependant on their own training and development needs assessment.<br><br>In 2017 on-call leads took part in a live exercise "Seven Hills" which provided part of the training for the on-call team.<br><br>As category 2 responders, the South Yorkshire and Bassetlaw CCG's have evaluated that further training beyond that already accessible through peer support with the local areas, table top and live exercises and the the LHRP is not necessary. | Fully compliant | | | | |
| 27 | Training and exercising | EPRR exercising and testing programme | The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements.<br><br>Organisations should meet the following exercising and testing requirements:<br>• a six-monthly communications test<br>• annual table top exercise<br>• live exercise at least once every three years<br>• command post exercise every three years.<br><br>The exercising programme must:<br>• identify exercises relevant to local risks<br>• meet the needs of the organisation type and stakeholders<br>• ensure warning and informing arrangements are effective.<br><br>Lessons identified must be captured, recorded and acted upon as part of continuous improvement. | Y | • Exercising Schedule<br>• Evidence of post exercise reports and embedding learning | We participate in local COMAH exercises and wider NHS and local health and social care economy EPRR exercises.<br>The CCG and/or members of the hosted Health and Safety and Security Shared Service have attended a number of exercises over the past year.<br>The CCG followed its Business Continuity Policy and Plan in February 2018 and again in August 2019 due to inclement weather.<br>We receive feedback via the LHRP on local incidents so that lessons can be learned eg. WannaCry Cyber Attack. Any learning for CCGs from incidents is fed back to the organisation for internal action. Our EPRR Policy confirms the processes following the incident in order to ensure that lessons are learned. The CCG provides debriefing and support to staff where required following an emergency via staff comms, team briefs and individual line managers coordinated by the Emergency Accountable officer. De-Briefing may also be on a multi-agency footprint and has occurred following the first EU Exit deadline in April 2019.<br>6 month communications test for on-call officers<br>Yearly communications test for all staff.<br>Recently the CCG hosted the citywide system Gold Command for Brexit planning. This was co-ordinated by the CCG and partners worked together to identify system risks and mitigation plans. At the end of April a de-briefing was held and a central de-briefing to NHSE was returned on behalf of the system. This tested the resilience and commitment of the Executive leaders calling for clear, consice methodical thinking. Lessons have been learnt regarding the recording of actions and delivery of appointed actions. | partially compliant | The CCG needs to ensure that the executive leaders and EPRR team have accessed the relevant EPRR training, specifically the new strategic leader training package. | | | |
| 28 | Training and exercising | Strategic and tactical responder training | Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation | Y | • Training records<br>• Evidence of personal training and exercising portfolios for key staff | There is a Memorandum of Understanding (MOU) for Specialist Advice Shared Services. and is based upon the premise of a shared collaborative approach to service delivery between South Yorkshire and Bassetlaw CCGs, specifically excluding performance management. It will confirm how the shared service will function including the aims and objectives and roles and responsibilities of the host employer and parties of the shared service. | Fully compliant | This is part of the Shared Service Agreement with Rotherham CCG, however EPRR lead is still required to undertake the full strategic leader training, however this has not been available in our area so awaiting new course and availability | SB | 2019-2020 | As and when the course is available |
| 30 | Response | Incident Co-ordination Centre (ICC) | The organisation has a preidentified Incident Co-ordination Centre (ICC) and alternative fall-back location(s).<br><br>Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation. | Y | • Documented processes for establishing an ICC<br>• Maps and diagrams<br>• A testing schedule<br>• A training schedule<br>• Pre identified roles and responsibilities, with action cards<br>• Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards | ncident Control Centre is identified in the EPRR Policy. The CCG Incident Control Centre is not kept on permanent stand-by and will be enacted by the Accountable Emergency Officer or their nominated Deputy.<br><br>The CCG Incident Control Centre is located at:<br><br>722 Prince of Wales Road<br>Darnall<br>Sheffield S9 4EU<br><br>The decant plan, should the Incident Control Centre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid. | partially compliant | For the incident room to be tested for compliance and equipment functionality | | 2019-2020 | |
| 31 | Response | Access to planning arrangements | Version controlled, hard copies of all response arrangements are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible. | Y | Planning arrangements are easily accessible - both electronically and hard copies | EPRR Policy and BCP and Plan are available on intranet and internet - staff notified that all policies are avaialble on the website and via Weekly Round-Up. Staff are informed of any changes and new policy via Team Briefings. Previous versions archived accordingly.<br><br>Copies of directorate Business Continuity Plans are available from the Directorate Business Continuity Lead.<br>Planning arrangements during an incident will reside in the incident room in hard copy and also kept electronically on the shared drive. Where outside partners are involved these will shared as and when required. | Fully compliant | | | | |
| 32 | Response | Management of business continuity incidents | In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework). | Y | • Business Continuity Response plans | The CCG has a specific Business Continuity Policy and Action Plan that clearly identifies our Business Continuity Statement of Intent. The BCP is regularly tested with reporting back to Governance Sub-committee | Fully compliant | | | | |

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| 33 | Response | Loggist | The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards. | Y | • Documented processes for accessing and utilising loggists<br>• Training records | The CCGs EPRR Policy includes documented processes for accessing and utilising Loggists. The function is delivered through a record of trained volunteers who are willing to be called should an incident occur. Whilst our Loggists are not on-call we are confident of our ability to field a trained loggist should the need arise. Furthermore shoud a loggist be required due to a system wide incident access toprovider partner loggist have been agreed when possible. | Fully compliant | | |
| 34 | Response | Situation Reports | The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents. | Y | • Documented processes for completing, signing off and submitting SitReps<br>• Evidence of testing and exercising | Situation report arrangements for the SYB CCGs are determined by the Incident Lead Executive in line with the escalation action card and the Incident Lead Executive action card.<br><br>Reports on the local situation will be made, as required, to NHS England. If an incident is prolonged, the CCG may be asked to support the Stategic Coordinating Group (SCG) or the Tactical Coordinating Group (TSC) led by the lead agency. The CCG has identified EPRR and Urgent Care leads to ensure that any SITREP/Assurance responses are completedx and co-ordinated in a timely fashion. The CCG also has a nominated SRO who oversees the submission of the SITREPS should the need arise i.e. Brexit. Eg Sitreps are provided to NHS England over Bank holiday weekends as required, | Fully compliant | | |
| 37 | Warning and informing | Communication with partners and stakeholders | The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident. | Y | • Have emergency communications response arrangements in place<br>• Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response<br>• Using lessons identified from previous major incidents to inform the development of future incident response communications<br>• Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes<br>• Being able to demonstrate that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work | • We have social media protocol advising staff on appropriate use of personal social media accounts.<br>• We work with partners as part of LRF to identify sessions from previous major incidents to inform the development of future incident response communications.<br>We have systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes – this includes all media enquiries and CCG response | Fully compliant | | |
| 38 | Warning and informing | Warning and informing | The organisation has processes for warning and informing the public (patients, visitors and wider population) and staff during major incidents, critical incidents or business continuity incidents. | Y | • Have emergency communications response arrangements in place<br>• Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies)<br>• Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders<br>• Using lessons identified from previous major incidents to inform the development of future incident response communications<br>• Setting up protocols with the media for warning and informing | As above plus:<br><br>the CCG has a number of channels to communicate with targeted audiences (public, staff and partners) including social media, partner channels and the media.<br><br>There is a Business Continuity Plan in place to ensure we can do this remotely where needed.<br><br>We have a suite of warning and informing messages available to share with te public including those which empower. | Fully compliant | | |
| 39 | Warning and informing | Media strategy | The organisation has a media strategy to enable rapid and structured communication with the public (patients, visitors and wider population) and staff. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times. | Y | • Have emergency communications response arrangements in place<br>• Using lessons identified from previous major incidents to inform the development of future incident response communications<br>• Setting up protocols with the media for warning and informing<br>• Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads' | As above plus:<br><br>Executive directors and clinical staff have been media trained to lead crisis communicatons. In the event of media, the spokespeople will be given a full brief.<br><br>There is a communicatoin strategy in place that identifies our tactics for media liaison which will be updated in the Autumn 2029.<br><br>The decant plan, should the Incident Control Centre be compromised, will be the premises of one of the South Yorkshire & Bassetlaw CCGs. This has been agreed with the partner CCGs under mutual aid. | partially compliant | | |
| 40 | Cooperation | LRHP attendance | The Accountable Emergency Officer, or an appropriate director, attends (no less than 75% annually) Local Health Resilience Partnership (LHRP) meetings. | Y | • Minutes of meetings | The Emergency Planning Officer attends the LHRP on behalf of the AEO | Fully compliant | | |
| 41 | Cooperation | LRF / BRF attendance | The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders. | Y | • Minutes of meetings<br>• Governance agreement if the organisation is represented | We are represented at the Local Resilience Forum by the Yorkshire and Humber Area Team for NHS England | Fully compliant | | |
| 42 | Cooperation | Mutual aid arrangements | The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies.<br><br>These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA) via NHS England. | Y | • Detailed documentation on the process for requesting, receiving and managing mutual aid requests<br>• Signed mutual aid agreements where appropriate | Mutual Aid Agreements are in place with partner organisations across SYB CCG's. Our EPRR Policy clearly details the processes for requesting mutual aid of our partner CCG's.<br>Where military aid is required this will usually be in the event of a MAJAX incident and all trusts are contractually obliged to have in place full MJAX plans. Each MAJAX incident will be assessed and responded to according to need and close liaison and communication with NHSE will be maintained. | Fully compliant | | |
| 46 | Cooperation | Information sharing | The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders, during major incidents, critical incidents or business continuity incidents. | Y | • Documented and signed information sharing protocol<br>• Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'. | As Category 2 Responders, we have a duty to share information and cooperate. In the event of an incident, we will use our generic email addresses used for EPRR as the main route of communication and the Incident Control Centre number as the main telephone number. The Communications' Leads will coordinate communications.<br><br>We share information via the Local Health Resilience Partnership and via local Emergency Planning Meetings.<br><br>We have local Information Sharing Agreements (ISA) / Policies for "business as normal" across our local strategic partnerships which also support EPRR.<br><br>We have a Mutual Aid Agreement with our partner CCGs.<br>SY LRF information sharing protocol for Cat 1 &2 Responders - Approved May 2018 | Fully compliant | | |
| 47 | Business Continuity | BC policy statement | The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitement to a Business Continuity Management System (BCMS) in alignment with the ISO standard 22301. | Y | Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement | The CCG has a specific Business Continuity Policy and Plan that clearly identifies our Business Continuity Management Statement of Intent. Full details of the plan can be found on our website at:<br><br>http://www.intranet.sheffieldccg.nhs.uk/policies.htm | Fully compliant | | |
| 48 | Business Continuity | BCMS scope and objectives | The organisation has established the scope and objectives of the BCMS in relation to the organisation, specifying the risk management process and how this will be documented. | Y | BCMS should detail:<br>• Scope e.g. key products and services within the scope and exclusions from the scope<br>• Objectives of the system<br>• The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties<br>• Specific roles within the BCMS including responsibilities, competencies and authorities.<br>• The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process<br>• Resource requirements<br>• Communications strategy with all staff to ensure they are aware of their roles<br>• Stakeholders | The CCG has a specific Business Continuity Policy and Plan that clearly identifies the scope and objecties in relation to the organisation. Our BCMS also sets out the risk management process within the document. Full details of the plan can be found on our website at:<br><br>http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm | Fully compliant | | |
| 49 | Business Continuity | Business Impact Assessment | The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s). | Y | Documented proces on how BIA will be conducted, including:<br>• the method to be used<br>• the frequency of review<br>• how the information will be used to inform planning<br>• how RA is used to support. | The CCG's Business Impact Analysis process is clearly defined within the Business Continuity Policy and Plan.<br>http://www.intranet.sheffieldccg.nhs.uk/policies.htm | Fully compliant | | |
| 50 | Business Continuity | Data Protection and Security Toolkit | Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis. | Y | Statement of compliance | Compliance with the Data Security and Protection Toolkit - assurance presented to the Governance Sub-commttee | Fully compliant | | |
| 51 | Business Continuity | Business Continuity Plans | The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to:<br>• people<br>• information and data<br>• premises<br>• suppliers and contractors<br>• IT and infrastructure<br><br>These plans will be reviewed regularly (at a minimum annually), or following organisational change, or incidents and exercises. | Y | • Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation | The CCG has an over arching Business Continuity Policy and Plan overseen by the Director of Commissioning and Performance and supported by the Corporate Services Risk and Governance Manager.<br><br>The BCP supports the overall CCG whilst each directorate has their own localised BCP. Each plan details business critical functions and there minimum tolerable periods of disruption. | Fully compliant | | |

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| 52 | Business Continuity | BCMS monitoring and evaluation | The organisation's BCMS is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board. | | Y | • EPRR policy document or stand alone Business continuity policy<br>• Board papers | Business Continuity Policy and Plan was reviewed in in February 2019 followed by approved at Governance Sub-committee.<br><br>EPRR Policy was reviewed and approved by the Governance Sub-committee in April 2019 .<br><br>Exercises and learning are reported through the Quarterly Governance Sub-committee through to the Audit and Integrated Governance Committee.<br><br>Our EPRR assurance is received by Governing Body annually, presented by the Emergency Accountable Officer. | fully compliant | |
| 53 | Business Continuity | BC audit | The organisation has a process for internal audit, and outcomes are included in the report to the board. | | Y | • EPRR policy document or stand alone Business continuity policy<br>• Board papers<br>• Audit reports | The CCG has an EPRR and BCP in place. An annual report is presented to the Governing Body and quarterly updates are received by the Governance Sub-committee. | Fully compliant | |
| 54 | Business Continuity | BCMS continuous improvement process | There is a process in place to assess the effectivness of the BCMS and take corrective action to ensure continual improvement to the BCMS. | | Y | • EPRR policy document or stand alone Business continuity policy<br>• Board papers<br>• Action plans | EPRR Policy - Reviewed every 3 years<br>BCM Policy and Plan - Reviewed every 2 years. Our BCP plans are tested twice yearly with reports of findings presented to Governance Sub-committee. | Fully compliant | |
| 55 | Business Continuity | Assurance of commissioned providers / suppliers BCPs | The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own. | | Y | • EPRR policy document or stand alone Business continuity policy<br>• Provider/supplier assurance framework<br>• Provider/supplier business continuity arrangements | Providers are required to provide this information as part of the core standard NHS contract. Assurance is received through contract monitoring at Delivery Board meetings. | Fully compliant | |

| Ref | Domain | Standard | Detail | Clinical Commissioning Group | Evidence - examples listed below | Organisational Evidence | Self assessment RAG | Action to be taken | Lead | Timescale | Comments |
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| | | | | | | | Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.  Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.  Green (fully compliant) = Fully compliant with core standard. | | | | |
| **Deep Dive - Severe Weather** | | | | | | | | | | | |
| **Domain: Severe Weather Response** | | | | | | | | | | | |
| 1 | **Severe Weather response** | **Overheating** | The organisation's heatwave plan allows for the identification and monitoring of inpatient and staff areas that overheat (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | The monitoring processes is explicitly identified in the organisational heatwave plan.  This includes staff areas as well as inpatient areas.  This process clearly identifies relevant temperature triggers and subsequent actions. | The building is equipped with air conditioning and where this is insufficient fans are available for areas that become warmer. Where known hot spots occur additional cooling equipment (desk fans have been provided. The CCG does not have any patient areas.All teams have BCPs in place - there is an organisational Severe Weather Policy | Fully compliant | | | | |
| 2 | **Severe Weather response** | **Overheating** | The organisation has contingency arrangements in place to reduce temperatures (for example MOUs or SLAs for cooling units) and provide welfare support to inpatients and staff in high risk areas (For community and MH inpatient area may include patients own home, or nursing/care home facility) | Y | Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan | The building is equipped with air conditioning and where this is insufficient fans are available for areas that become warmer. | Fully compliant | | | | |
| 3 | **Severe Weather response** | **Staffing** | The organisation has plans to ensure staff can attend work during a period of severe weather (snow, flooding or heatwave), and has suitable arrangements should transport fail and staff need to remain on sites. (Includes provision of 4x4 where needed) | Y | The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home | Our BCP covers any continuity issue including working from home or different premises and out of hours contact have recently been tested to ensure all staff can be contacted when necessary. We also have within South Yorkshire a Mutual Aid agreement that will enable staff to work from locations closer to home if and when needed. | Fully compliant | | | | |
| 4 | **Severe Weather response** | **Service provision** | Organisations providing services in the community have arrangements to allow for caseloads to be clinically prioritised and alterative support delivered during periods of severe weather disruption. (This includes midwifery in the community, mental health services, district nursing etc) | | The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care | NA | Fully compliant | | | | |
| 5 | **Severe Weather response** | **Discharge** | The organisation has polices or processes in place to ensure that any vulnerable patients (including community, mental health, and maternity services) are discharged to a warm home or are referred to a local single point-of-contact health and housing referral system if appropriate, in line with the NICE Guidelines on Excess Winter Deaths | Y | The organisations arrangements include how to deal with discharges or transfers of care into non health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge | This is covered in the normal NHS standard contract and is expected as part of each and every  Business continuity plan from our providers. In terms of the CCG, it has BC arrangements and Mutual aid agreements oin place to allow staff tro work in different locations and/or from home in inclement weather. | Fully compliant | | | | |
| 6 | **Severe Weather response** | **Access** | The organisation has arrangements in place to ensure site access is maintained during periods of snow or cold weather, including gritting and clearance plans activated by predefined triggers | Y | The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisations boundaries.  When snow / ice occurs there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third party gritting or snow clearance service. | This is predominately a Local Authority issue but through our winter planning and Urgent Care Operational resilience group these issues are raised, discussed and mitigations put in place where possible. For the CCG building this is organised through the building landlord. | Fully compliant | | | | |
| 7 | **Severe Weather response** | **Assessment** | The organisation has arrangements to assess the impact of National Severe Weather Warnings (including Met Office Cold and Heatwave Alerts, Daily Air Quality Index and Flood Forecasting Centre alerts) and takes predefined action to mitigate the impact of these where necessary | Y | The organisations arrangements are clear in how it will assesses all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result | Inclement Weather policy/ winter planning and Heatwave alerts. Nominated leads are identified within Urgent care and EPRR with executive lead identied as the SRO | Fully compliant | | | | |
| 8 | **Severe Weather response** | **Flood prevention** | The organisation has planned preventative maintenance programmes are in place to ensure that on site drainage is clear to reduce flooding risk from surface water, this programme takes into account seasonal variations. | Y | The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner | The CCG is a tenant in a multi-occupied building where NHS Property Services (NHSPS) is the Landlord.  Regular meetings are held between NHSPS and the Superior L/lord to ensure both compliance with relevant legislation and that there is a PPM programme in place | Fully compliant | | | | |
| 9 | **Severe Weather response** | **Flood response** | The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan. | Y | The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements.  Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan | There is an on-call resposne/rota in place across South Yorkshire and Bassetlaw which is managed on behalf of all S Yorkshire CCGs by Rotherham CCG.The CCG has received its Multi Agency Flood Plan for 2019 | Fully compliant | | | | |

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| 10 | Severe Weather response | Warning and informi | The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold. | Y | The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when. | The CCG has a number of channels to communicate with targeted audiences (public, staff and partners) including social media, partner channels and the media. Should there be a requirement for media OOH the OOH on Call Director would be the nominated individual responsibel for triggering or attending any media | Fully compliant | | | | |
| 11 | Severe Weather response | Flood response | The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required. | Y | The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding).  It has clear site specific arrangements for flood response, for known key high risk areas.  On-site flood plans are in place for at risk areas of the organisations site(s) | There are no identified flood plains within the CCG area. | Fully compliant | | | | |
| 12 | Severe Weather response | Risk assess | The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements. | Y | The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these. | There is a Business Continuity Plan in place to ensure we can do this remotely where needed. | Fully compliant | | | | |
| 13 | Severe Weather response | Supply chain | The organisation is assured that its suppliers can maintain services during periods of severe weather, and periods of disruption caused by these. | Y | The organisation has a documented process of seeking risk based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintain the organisation has alternative documented mitigating arrangements in place. | The CCG procures supplies via the normal Stand NHS Contract and therefore the delivery of supplies should be automatically covered within the BC arrangements and contractual arrangements therein. | Fully compliant | | | | |
| 14 | Severe Weather response | Exercising | The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements | Y | The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements. | We have a suite of warning and informing messages available to share with te public including those which empower.  Our plans have recently been tested and lessons learnt from this fed back to BCP leads within  each team | Fully compliant | | | | |
| 15 | Severe Weather response | ICT BC | The organisations ICT Services have been thoroughly exercised and equipment tested which allows for remote access and remote services are able to provide resilience in extreme weather e.g. are cooling systems sized appropriately to cope with heatwave conditions, is the data centre positioned away from areas of flood risk | Y | The organisations arrangements includes the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services | The Data system is away from any flood zones and located on the 2nd floor of a building. In terms of capacity for all staff to work remotely this is work in progress | Partially compliant | | | | |
| **Domain: long term adaptation planning** | | | | | | | | | | | |
| 16 | Long term adaptation planning | Risk assess | Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register. | Y | Evidence that the there is an entry in the organisations risk register detailing climate change risk and any mitigating actions | This is covered by the CCG Inclement Weather policy and any actions required are documented and implemented ASAP. | Partially compliant | | | | |
| 17 | Long term adaptation planning | Overheating risk | The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling higherachy. | Y | The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk | There is a Building Management System (BMS) which sets and records temperatures within the CCG's demise and which is managed by the L/lord's managing agents. | Fully compliant | | | | |
| 18 | Long term adaptation planning | Building adaptations | The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events. | Y | The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future | The property occupied by the CCG is private rented accomodation. Changes to infrastructure would be managed by NHS Property Services with the L/Lord on behalf of its tenants.  There are plans in place to replace the current boilers which are old and inefficient.  The CCG however continues to raise awareness at Occupier meetings with the L/lord agents | Fully compliant | | | | |
| 19 | Long term adaptation planning | Flooding | The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks | Y | Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS | As above | Fully compliant | | | | |
| 20 | Long term adaptation planning | New build | The organisation considers for all its new facilities relevant adaptation requirements for long term climate change | Y | The organisation has relevant documentation that it is including adaptation plans for all new builds | The CCG has not undertaken any new builds and there are no place in place for future builds. | Fully compliant | | | | |

**Yorkshire and the Humber Local Health Resilience Partnership (LHRP)**
**Emergency Preparedness, Resilience and Response (EPRR) assurance 2019-2020**

## STATEMENT OF COMPLIANCE

NHS Sheffield CCG has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, the Emergency Planning Officer will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

| Overall EPRR assurance rating | Criteria |
|---|---|
| Fully | The organisation is 100% compliant with all core standards they are expected to achieve. <br><br> The organisation's Board has agreed with this position statement. |
| Substantial | The organisation is 89-99% compliant with the core standards they are expected to achieve. <br><br> For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. |
| Partial | The organisation is 77-88% compliant with the core standards they are expected to achieve. <br><br> For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. |
| Non-compliant | The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. <br><br> For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. <br><br> The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance. |

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

_____

Signed by the organisation's Accountable Emergency Officer

28/08/2019

Date signed

| 05/09/2019 | 05/09/2019 | _____ |
|---|---|---|
| Date of Board/governing body meeting | Date presented at Public Board | Date published in organisations Annual Report |